

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Coalition for Progress

ADDRESS (number and street)

231 Tenth Avenue

Apt 7B c/o Bari Mattes

New York

NY

10011

☐ Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00582841

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☒ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Rivas, Ana, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Rivas, Ana, , ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Coalition for Progress

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
07 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2016</span>		<span style="border: 1px solid black; padding: 2px;">2990378.09</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">3233546.42</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">223048.28</span>	<span style="border: 1px solid black; padding: 2px;">1084047.72</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">3456594.70</span>	<span style="border: 1px solid black; padding: 2px;">4074425.81</span>
7. Total Disbursements (from Line 31).....	<span style="border: 1px solid black; padding: 2px;">118917.39</span>	<span style="border: 1px solid black; padding: 2px;">736748.50</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<span style="border: 1px solid black; padding: 2px;">3337677.31</span>	<span style="border: 1px solid black; padding: 2px;">3337677.31</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Coalition for Progress

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y  
07 / 01 / 2016

To:

M M / D D / Y Y Y Y Y  
09 / 30 / 2016
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

216600.00

1031981.75

(ii) Unitemized .....

0.00

100.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

216600.00

1032081.75

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

5000.00

47927.50

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

221600.00

1080009.25

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

1448.28

4038.47

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)) .....

223048.28

1084047.72

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

223048.28

1084047.72

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	103917.39	261748.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	103917.39	261748.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	65000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	410000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	410000.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	118917.39	736748.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	118917.39	736748.50

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	221600.00	1080009.25
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	410000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	221600.00	670009.25
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	103917.39	261748.50
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	103917.39	261748.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**Coalition for Progress**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. 765 Management LLC**

Mailing Address 50 Park Place

City  
Newark

State  
NJ

Zip Code  
07102

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 15 / 2016

**Transaction ID : SA11AI.4854**

Amount of Each Receipt this Period

10000.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. Air Group Heating & AC**

Mailing Address 1 Prince Rd.

City  
Whippany

State  
NJ

Zip Code  
07981

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 23 / 2016

**Transaction ID : SA11AI.4850**

Amount of Each Receipt this Period

7250.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. Europa Associates Corp.**

Mailing Address 263 Highland Ave.

City  
Kearny

State  
NJ

Zip Code  
07032

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

15350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 23 / 2016

**Transaction ID : SA11AI.4853**

Amount of Each Receipt this Period

15350.00

☐ Memo Item  
Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

32600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

**Coalition for Progress**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lawrence, James, A., ,**

Mailing Address 415 E. Lake Harriet Blvd.

City  
Minneapolis

State  
MN

Zip Code  
55419

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Great North Star LLC

Occupation (for Individual)  
Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 15 / 2016

**Transaction ID : SA11AI.4858**

Amount of Each Receipt this Period

25000.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Masonry Floor & Wall Systems**

Mailing Address 122 Reservoir Ave.

City  
Wall

State  
NJ

Zip Code  
07057-1538

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 23 / 2016

**Transaction ID : SA11AI.4851**

Amount of Each Receipt this Period

5500.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. New Liberty Two, LLC**

Mailing Address 50 Washington St.

City  
Hoboken

State  
NJ

Zip Code  
07030

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 11 / 2016

**Transaction ID : SA11AI.4849**

Amount of Each Receipt this Period

50000.00

☐ Memo Item  
Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

80500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 8 OF 17

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NAME OF COMMITTEE (In Full)

Coalition for Progress

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. P&B Partitions, Inc.**

Mailing Address 436 Commerce Lane  
Suite A

City  
West Berlin

State  
NJ

Zip Code  
08091

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

11000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 23 / 2016

Transaction ID : SA11AI.4852

Amount of Each Receipt this Period

11000.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Shuster Management LLC**

Mailing Address 155 2nd St.

City

Jersey City

State

NJ

Zip Code

07302

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 06 / 2016

Transaction ID : SA11AI.4844

Amount of Each Receipt this Period

25000.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Suez Water Inc NJ PAC**

Mailing Address 461 From Rd.  
Ste. 400

City

Paramus

State

NJ

Zip Code

07652

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 26 / 2016

Transaction ID : SA11AI.4867

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
Contribution

SUBTOTAL of Receipts This Page (optional).....▶

37000.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**Coalition for Progress**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. TOSILB, L.L.C.**

Mailing Address 50 Washington St.

City  
Hoboken

State  
NJ

Zip Code  
07030

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

MM / DD / YYYY  
08 / 11 / 2016

Transaction ID : SA11AI.4848

Amount of Each Receipt this Period

50000.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. Weiss, Sanford, , ,**

Mailing Address 432 Park Ave.  
Apt. 65B

City  
New York

State  
NY

Zip Code  
10022

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Manhattan Building Company

Occupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

MM / DD / YYYY  
07 / 22 / 2016

Transaction ID : SA11AI.4846

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. Weiss, Sanford, , ,**

Mailing Address 432 Park Ave.  
Apt. 65B

City  
New York

State  
NY

Zip Code  
10022

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Manhattan Building Company

Occupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

MM / DD / YYYY  
08 / 08 / 2016

Transaction ID : SA11AI.4847

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Coalition for Progress**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Weiss, Sanford, , ,**

Mailing Address 432 Park Ave.  
Apt. 65B

City  
New York

State  
NY

Zip Code  
10022

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Manhattan Building Company

Occupation (for Individual)  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

MM / DD / YYYY  
09 / 21 / 2016

Transaction ID : SA11AI.4855

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. William Katchen, CPA, LLC**

Mailing Address 596 Anderson Ave.  
Suite 303

City  
Cliffside Park

State  
NJ

Zip Code  
07010

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

MM / DD / YYYY  
07 / 20 / 2016

Transaction ID : SA11AI.4845

Amount of Each Receipt this Period

1500.00

☐ Memo Item  
Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

6500.00

216600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**Coalition for Progress**

**A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name**  
**PLUMBERS LOCAL UNION NO. 24 POLITICAL ACTION COMMITTEE**

Mailing Address 20 FAIRFIELD PLACE

City  
WEST CALDWELL

State  
NJ

Zip Code  
07006

FEC ID number of contributing  
federal political committee.

**C** C00252056

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

**07** / **01** / **2016**

**Transaction ID : SA11C.4843**

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
Contribution

**B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

**C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5000.00

5000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 17

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

**Coalition for Progress**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. TD Bank**

Mailing Address 200 West 26th Street

City  
New York

State  
NY

Zip Code  
10001

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3035.31

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 29 / 2016

**Transaction ID : SA17.4859**

Amount of Each Receipt this Period

445.12

☐ Memo Item  
Interest

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. TD Bank**

Mailing Address 200 West 26th Street

City  
New York

State  
NY

Zip Code  
10001

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3518.36

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2016

**Transaction ID : SA17.4860**

Amount of Each Receipt this Period

483.05

☐ Memo Item  
Interest

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. TD Bank**

Mailing Address 200 West 26th Street

City  
New York

State  
NY

Zip Code  
10001

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

4038.47

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : SA17.4861**

Amount of Each Receipt this Period

520.11

☐ Memo Item  
Interest

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1448.28

1448.28

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 17

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Coalition for Progress

Full Name (Last, First, Middle Initial)

**A. Bari Mattes D/B/A Mattes Consulting**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2016

Mailing Address 231 Tenth Avenue  
Apt. 7BCity  
New YorkState  
NYZip Code  
10011Purpose of Disbursement  
Political Management Consulting Fee

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.4830

Amount of Each Disbursement this Period

20000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Bari Mattes D/B/A Mattes Consulting**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2016

Mailing Address 231 Tenth Avenue  
Apt. 7BCity  
New YorkState  
NYZip Code  
10011Purpose of Disbursement  
Expense reimbursement for lodging

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.4831

Amount of Each Disbursement this Period

3112.75

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Bari Mattes D/B/A Mattes Consulting**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2016

Mailing Address 231 Tenth Avenue  
Apt. 7BCity  
New YorkState  
NYZip Code  
10011Purpose of Disbursement  
Expense reimbursement for cabs, parking and meals

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.4834

Amount of Each Disbursement this Period

926.84

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

24039.59

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 17

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Coalition for Progress

Full Name (Last, First, Middle Initial)

**A. Bari Mattes D/B/A Mattes Consulting**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2016

Mailing Address 231 Tenth Avenue  
Apt. 7BCity  
New YorkState  
NYZip Code  
10011Purpose of Disbursement  
Political Management Consulting Fee

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B.4838

Amount of Each Disbursement this Period

20000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Bari Mattes D/B/A Mattes Consulting**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		01		2016

Mailing Address 231 Tenth Avenue  
Apt. 7BCity  
New YorkState  
NYZip Code  
10011Purpose of Disbursement  
Political Management Consulting Fee

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B.4840

Amount of Each Disbursement this Period

20000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Blank Rome LLP**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		01		2016

Mailing Address 1825 Eye Street NW

City  
WashingtonState  
DCZip Code  
20006Purpose of Disbursement  
Legal fees

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B.4829

Amount of Each Disbursement this Period

12703.50

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

52703.50

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 17

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Coalition for Progress

Full Name (Last, First, Middle Initial)

**A. Blank Rome LLP**

Mailing Address 1825 Eye Street NW

City  
WashingtonState  
DCZip Code  
20006Purpose of Disbursement  
Legal fees

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼
Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		21		2016

FEC Identification Number

C

Transaction ID : SB21B.4833

Amount of Each Disbursement this Period

3624.75

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Blank Rome LLP**

Mailing Address 1825 Eye Street NW

City  
WashingtonState  
DCZip Code  
20006Purpose of Disbursement  
Legal fees

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼
Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		01		2016

FEC Identification Number

C

Transaction ID : SB21B.4839

Amount of Each Disbursement this Period

8534.55

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Loews Philadelphia Hotel**

Mailing Address 1200 Market Street

City  
PhiladelphiaState  
PAZip Code  
19107Purpose of Disbursement  
Reimbursement for B. Mattes' lodging

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼
Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		01		2016

FEC Identification Number

C

Transaction ID : SB21B.4835

Amount of Each Disbursement this Period

3112.75

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

12159.30

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 17

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Coalition for Progress

Full Name (Last, First, Middle Initial)

**A. Loews Philadelphia Hotel**

Mailing Address 1200 Market Street

City  
PhiladelphiaState  
PAZip Code  
19107Purpose of Disbursement  
Reimbursement for B. Mattes' parking

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	1			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.4837

Amount of Each Disbursement this Period

245.00

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Stu Loeser & Co.**

Mailing Address 1460 Broadway

City  
New YorkState  
NYZip Code  
10036Purpose of Disbursement  
Media Strategy Consulting

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	6		

FEC Identification Number

C

Transaction ID : SB21B.4841

Amount of Each Disbursement this Period

15000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

15000.00

103902.39

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 17

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Coalition for Progress

Full Name (Last, First, Middle Initial)

**A. HOUSE MAJORITY PAC**Mailing Address 700 13TH STREET, NW  
SUITE 600City  
WASHINGTONState  
DCZip Code  
20005Purpose of Disbursement  
Contribution to IE only PAC

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	21	/	2016

FEC Identification Number

C C00495028

Transaction ID : SB23.4832

Amount of Each Disbursement this Period

15000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15000.00

15000.00